

# CHULA VISTA POLICE DEPARTMENT

## Citizen's Police Academy

### Application

C O M M U N I T Y R E L A T I O N S U N I T



Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email \_\_\_\_\_

Have you ever been convicted of a crime? If yes, briefly explain:

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to attend this academy? How will it benefit you? What do you bring to this experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved in community or extra-curricular activity at your school or in your community? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document you acknowledge the Chula Vista Police Department will conduct a background investigation, which may include an electronic inquiry into the applicant's personal criminal history, DMV records or other law enforcement databases.



**Please be advised first priority is given to persons who live or work in Chula Vista.**

C O M M U N I T Y R E L A T I O N S U N I T

**WAIVER OF CLAIMS FOR DAMAGES AND COVENANT NOT TO SUE**



I, \_\_\_\_\_ provide this Waiver and Release because I  
signature  
will participate in a Citizen's Police Academy" with the Chula Vista Police Department.

I FOREVER RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE THE CITY OF CHULA VISTA , IT'S' PRESENT AND FORMER OFFICERS, AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS, FROM ANY AND ALL LIABILITIES, CLAIMES, DEMANDS OR CAUSES OR ACTION THAT I MAY HEREAFTER HAVE FOR INJURIES OR DAMAGES ARISING OUT OF MY PARTICIPATION IN THE CITIZEN's POLICE ACADEMY.

I INTEND THIS WAIVER TO BIND MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, AND ASSIGNS.

I declare under penalty of perjury that I have read and fully understood this entire "Waiver of Claims for Damages and Covenant Not to Sue" and that my signature below signifies my reading, understanding, and agreeing with each provision.

\_\_\_\_\_  
Signature Date

**ACADEMY PARTICIPANT INFORMATION**

\_\_\_\_\_  
Full name (including middle initial) Date of Birth

\_\_\_\_\_  
Mailing address City, State, Zip

\_\_\_\_\_  
Daytime phone email address

Chula Vista Police Department  
Community Relations Unit

C O M M U N I T Y R E L A T I O N S U N I T



**MEDIA RELEASE AUTHORIZATION**

**During the course of the Citizen's Police Academy you may be photographed while participating in various activities.**

**I authorize Chula Vista Police Department to photograph and or take video of me for promotional purposes supporting the Citizen's Police Academy. This may include postings on the Police Department Facebook Page and other Police Department or City websites for social media. At times Media outlets interested in informing the public about the Citizen's Police Academy may have interest and want to publish these photos.**

**I have read the information printed above and authorize the release of photos/video under the conditions outlined.**

**Printed name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**Home Phone number**\_\_\_\_\_ **Cell**\_\_\_\_\_

**Work phone number**\_\_\_\_\_

**Address**\_\_\_\_\_

**Email**\_\_\_\_\_

**For questions or additional information, please contact Angela Gaines or Alyssa Isaaks in the Community Relations Unit at 619 691-5187.**